

INDIANA TRAILS ADVISORY BOARD NOMINATION FORM

Name of Nominator: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail Address: _____

Trail Group Affiliations: _____

I nominate the following individual to serve on the Indiana Trails Advisory Board:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail Address _____

Trail Group Affiliations: _____

I nominate this person to serve on the board because: _____

Signature of Nominator: _____

Date: _____

Please return this form by January 14, 2005 to:

Nila Armstrong, Streams and Trails Section
Division of Outdoor Recreation
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